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*Attorney for Plaintiffs*

**UNITED STATES DISTRICT COURT**  
**EASTERN DISTRICT OF CALIFORNIA**  
**FRESNO DIVISION**

KELSI FAHRNI, deceased, through her Co-  
Successors in Interest TIFFANY FAHRNI  
and DOUG FAHRNI; TIFFANY FAHRNI,  
individually; and DOUG FAHRNI,  
individually;

Plaintiffs,

vs.

COUNTY OF TULARE, a public entity; and  
DOES 1–50, jointly and severally,

Defendants.

Case No.  
**CO-SUCCESSOR IN INTEREST  
DECLARATION OF TIFFANY FAHRNI**  
**(Cal. Code. Civ. Proc. §§ 377.11 *et seq.*)**

**DECLARATION OF CO-SUCCESSOR IN INTEREST**

STATE OF CALIFORNIA      )

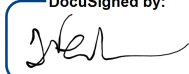
COUNTY OF TULARE      )

I, TIFFANY FAHRNI, attest and declare as follows:

1. I am the mother of KELSI FAHRNI (“Decedent”), who died on August 12, 2022, in the City of Visalia, County of Tulare, California.
2. No proceeding is now pending in California for administration of Decedent’s estate.
3. I am Decedent’s successor in interest (as defined in Section 377.11 of the California Code of Civil Procedure) along with KELSI FAHRNI’s father, DOUG FAHRNI. We all succeed to KELSI FAHRNI’s interest in this action.
4. No other person has a superior right to commence the action or proceeding or to be substituted for Decedent in the pending action.
5. A copy of Decedent’s death certificate is attached to this declaration as **EXHIBIT A**.
6. I have personal knowledge of the facts stated in this declaration. If called upon to testify to same, I am competent to do so.

I declare under penalty of perjury pursuant to the laws of the United States of America and the State of California that the foregoing information is true and correct.

Dated: 8/14/2023

DocuSigned by:  
  
6B5A703630A5452...

By:

TIFFANY FAHRNI

# **EXHIBIT A**

## CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL RECORDS

## COUNTY OF TULARE

TULARE, CALIFORNIA

3052022194678

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERNATES  
(S-11 REV 3/00)

3202254002222

1. NAME OF DECEDENT - FIRST (Given) <b>KELSI</b>		2. MIDDLE -		3. LAST (Family) <b>FAHRNI</b>	
4. DATE OF BIRTH mm/dd/yyyy <b>08/24/1992</b>					
5. AGE Yrs <b>29</b>		6. SEX <b>F</b>		7. DATE OF DEATH mm/dd/yyyy <b>08/12/2022</b>	
8. HOUR <b>1508</b>		9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>619-58-1632</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SADP at Time of Death <b>NEVER MARRIED</b>		13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b>	
14/15. WAS DECEDENT HISpanic/LATINO/ASIAN/SHSITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ATTENDANT</b>	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>MOVIE THEATER</b>		19. YEARS IN OCCUPATION <b>1</b>		20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1308 N DUNWORTH CT</b>	
21. CITY <b>VISALIA</b>		22. COUNTY/PROVINCE <b>TULARE</b>		23. ZIP CODE <b>93292</b>	
24. YEARS IN COUNTY <b>29</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>TIFFANY FAHRNI, MOTHER</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>1308 N DUNWORTH CT, VISALIA, CA 93292</b>					
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST <b>DOUG</b>		32. MIDDLE -		33. LAST <b>FAHRNI</b>	
34. BIRTH STATE <b>CA</b>		35. NAME OF MOTHER/PARENT - FIRST <b>TIFFANY</b>		36. MIDDLE -	
37. LAST (BIRTH NAME) <b>NASH</b>		38. BIRTH STATE <b>CA</b>		39. DISPOSITION DATE mm/dd/yyyy <b>08/24/2022</b>	
40. PLACE OF FINAL DISPOSITION <b>RES-TIFFANY FAHRNI</b>		41. TYPE OF DISPOSITION(S) <b>CREMATE/RESIDENCE</b>			
42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER -			
44. NAME OF FUNERAL ESTABLISHMENT <b>STERLING &amp; SMITH FUNERAL HOME</b>		45. LICENSE NUMBER <b>FD2106</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>KAREN HAUGHT MD</b>	
47. DATE mm/dd/yyyy <b>08/23/2022</b>		48. IF OTHER THAN HOSPITAL SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EDCOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other			
101. PLACE OF DEATH <b>ADULT PRE-TRIAL FACILITY - FND</b>		102. IF HOSPITAL SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EDCOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other			
103. COUNTY <b>TULARE</b>		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>36650 ROAD 112</b>		105. CITY <b>VISALIA</b>	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>HANGING</b>					
108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
109. BODYS PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent: <b>Admitted Since</b> Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER <b>KAREN HAUGHT MD</b>		116. LICENSE NUMBER <b>500428101</b>	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>KAREN HAUGHT MD, M.F.H., Tulare County Health Officer</b>		118. INJURED AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
119. INJURY DATE mm/dd/yyyy <b>08/12/2022</b>		120. HOUR (24 hours) <b>1438 EST</b>		121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>OTHER: ADULT PRE-TRIAL FACILITY</b>	
122. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>THE DECEDENT TOOK HER OWN LIFE BY LIGATURE HANGING.</b>					
123. LOCATION OF INJURY (Street and number, or location, and city, and zip) <b>ADULT PRE-TRIAL FACILITY</b>					
124. SIGNATURE OF CORONER / DEPUTY CORONER <b>K ZANINOVICH</b>					
125. DATE mm/dd/yyyy <b>08/23/2022</b>		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>K ZANINOVICH, DEP CORONER</b>			

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF TULARE

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL STATISTICS OFFICE, COUNTY OF TULARE HEALTH AND HUMAN SERVICE AGENCY.

DATE ISSUED  
**AUG 29 2022**Karen Haught, M.D., M.F.H., Tulare County Health Officer  
Registrar of Vital Statistics

This copy is not valid unless prepared on an engraved border, displaying date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE